round the corona glandis of the human penis, and which, after many disputes, have been usually considered as the secernent follicles of the *smegma preputii*, have been carefully examined by Dr. G. Simon.[*] They are, he says, no more than small round elevations of cutis covered by papillæ and epitheleum. They consist of fibro-cellular tissue like that of the rest of the cutis; and the papillæ on them have no peculiar characters. The only function that can be ascribed to them is that of increasing the sensibility of the glans. The only organs which Simon could find for the special secretion of the *smegma*, (and these are not constant,) are whitish corpuscles lying in or beneath the cutis, which, with the microscope, appear as small roundish sacculi, closed below, and opening by a narrow orifice on the surface, and containing a white substance. These are usually situated on or behind the corona glandis, in front of or near the frænum, and sometimes on the anterior surface of the glans itself. Two or three may be found, or, in a few cases, as many as six.—*Ibid.*

5. *Peripheral termination of the Nerve-fibres.*—The investigations of Henle and Kölliker[†] have proved a new and peculiar mode of termination of the nerve-fibres in the little bodies, seated especially in the nerves of the fingers and toes, which were discovered and to a certain point well described by Pacini of Padua, in 1830. These bodies (to which the name of *Pacinian corpuscles* is now given), are found in man at all ages after the twenty-second week of fœtal life, and under all circumstances, and in many mammalia. They are most numerous on the cutaneous nerves of the hands and feet; but they occur also sometimes on other sensitive cerebro-spinal nerves, and on the sympathetic plexuses in the mesentery and mésocolon, and about the pancreas; where they are especially numerous in cats. In man, from 150 to 350 may be counted on a single limb; and they are chiefly abundant on the branches of the digital nerves just penetrating the cutis; to which they are attached singly, or in pairs, or sometimes in groups, by little fibro-cellular pedicles. Through the pedicle of each, a single primitive nerve-fibril passes into the corpuscle.

The corpuscles are of various form, elliptic, ovate, obovate, crescentic, or reniform: they measure, (in parts of a line,) from .66 to 1.2 in length, and from .45 to .6 in breadth. They are semi-transparent, slightly glistening, and appear as if a central cord passed through them. Each of them is composed of from 40 to 60 very thin coats, arranged round a central canal or cavity, like so many capsules enclosed one within another; and each coat or capsule is composed of two layers of fibro-cellular tissue, an outer layer with circular, and an inner with longitudinal fibres. Between each two adjacent layers or capsules, there is an albuminous fluid; it is most abundant between the outer capsules, which are less compactly arranged than the central ones. The outermost of all the capsules in each corpuscle is connected by cellular tissue with the adjacent parts, from which also blood-vessels penetrate inwards through more than half the layers. Here and there the adjacent capsules appear connected by partial septa extending across the spaces containing the fluid, and this is especially the case at the end opposite to the pedicle. The canal or cavity in the axis of each corpuscle contains a fluid like that between the capsules, and, in this fluid, a primitive nerve-fibril. The nerve-fibril, after traversing the pedicle of the corpuscle, and a conical prolongation from the end of the pedicle through the substance of the lower part of the corpuscle, enters the cavity, and at once becomes smaller, paler, and flatter. It passes along the cavity, and at or near its distal end, terminates in a knob, or by bifurcating: in no case is any thing formed like the *terminal loops* of nerves, and it is very rarely that more than one nervous fibril enters a corpuscle; neither does the terminal enlargement of the nerve-fibril resemble a ganglion corpuscle.

Of the use of these bodies little can be said. It is suggested that as their construction with alternate layers of membrane and fluid is rather like that of the electric organs of the electric ray, &c., these also may be electric organs, and, according to Pacini, the chief agents in mesmeric operations. But Henle and Kölliker could find no manifestations of free electricity in them during life. Their not occurring upon any known motor nerves, would appear to prove that they have nothing to do with motion; but their existence on many nerves of the sympathetic system, and their non-existence on many sensitive nerves, make it also probable that they are not connected with acuteness of sensation. They may be electric organs, as their peculiar structure suggests; but before they can be concluded to have any relation to animal magnetism, it would be advisable to prove that *that* has any relation (except in name), to physical magnetism or any form of electricity.—*Ibid.*

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[*] Muller's Archiv., 1844, Heft i.

[†] Ueber die Pacinischen Körperchen; Zurich, 1844, 4to.

6. *Circulation in the Lungs.*—Mr. Erichsen,* in an essay to prove that the real cause of death after the sudden introduction of air into the veins, is the difficulty of the passage of frothy blood through the pulmonary capillaries, relates this experiment; a pressure equal to that of from one and a half to two inches of mercury is sufficient to drive bullock's blood, deprived of fibrin, through the capillaries of the lungs of a dog recently killed; but if air be previously blown into the pulmonary artery it will require a pressure equal to that of from three to three and a half inches of mercury to force similar blood through the same set of vessels. The pulmonary circulation being thus arrested, the left ventricle receives an insufficient supply of blood, and respiration ceases in consequence of the defective quantity of arterial blood sent to the nervous centres. But, for some time after respiration has ceased and animal life has nearly ceased, the heart continues to act regularly and forcibly; nor do its right cavities ever become so distended as they are in ordinary asphyxia, unless the air have been forcibly blown into the veins.—*Ibid.*, Jan., 1845.

7. *Long abstinence.*—Dr. Casper relates in his *Wochenschrift,* (June 8, 1844,) a case of voluntary total abstinence from food and drink. The patient was thirty-six years old. For the first five days he suffered little and confessed neither hunger nor thirst; during this time also he passed no feces and very little urine. After this he became thinner and paler, his sight was weak, he had occasional ringing in the ears, his speech was indistinct, his breath smelt unpleasantly, he discharged only a little urine, his abdomen sank in, and he was very weak. These conditions were increased on the ninth day, and he could not resist taking a little sugared water. In the night of the tenth day hunger, which he had before hardly felt, returned irresistibly, and he took food and recovered. Mitscherlich examined the urine which was passed at the middle of his abstinence, and found that it did not differ from that of a healthy person.

8. *Recurrence of menstruation at an advanced age.*—MM. Murynck and Kluysens relate in the *Annales et Bulletin de la Société de Méd. de Gand,* two cases in which menstruation recurred several years after it had ceased, and continued to a very advanced. The subjects of both cases were nuns. In one, menstruation had ceased at the age of 52, and recurred at the age of 62, and continued when the case was recorded, at the age of 73, with perfect regularity. What is curious, the patient was attacked on the cessation of her menstrual discharge with gastralgia, which persisted in spite of various remedies, until the recurrence of the discharge, when it left her and her health became perfect. In the second case, the menstrual discharge ceased at the age of 52 also; it recurred at the age of 60, and has continued up to the date of the report, when the patient was 90 years of age. This patient was attacked on the cessation of menstruation with violent colics, followed by tic douloureux, which resisted all treatment, but ceased on the recurrence of the menstrual discharge, and the patient, at the age of 90, was in the enjoyment of health, with all her faculties perfect, and with the tastes and ideas belonging to youth.

9. *Complete absence of the Bladder.*—M. Leitch has recorded in the *Journal de Méd de Bordeaux* a very interesting example of this exceedingly rare monstrosity, of which Meckel does not give a single case; Lieutaud, however, relates one, and Pinninger a second case.

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* Edin. Med. and Surg. Journal, Jan., 1844.